

AHCCCS Pharmacy Encounter File Layout/Example

Batch 1.0 Header

Field Name	Field Size		From/ Thru		Value	Encounter/ Claims Usage	Encounter Value	Field ID	Example
Segment Identifier	X	2	1	2	00=File Control	Required	00	701	00
Transmission Type	X	1	3	3	T=Transaction	Required	T	880-K6	T
Sender ID	X	24	4	27	Defined by processor	Required	Consists of 3 byte acronym assigned by AHCCCS followed by submitter's tax ID [9], AHCCCS Plan ID [6] and the Health Plan TSN [3]	880-K1	PLN8612345670123456001 AAATTTTTTTTTPPPPPPNNN
Batch Number	9	5	28	32	Assigned by sender and matches trailer	Required	Must be unique for each transmission	806-5C	04115
Creation Date	9	8	33	40	Format=CCYYM MDD	Required	CCYYMMDD	880-K2	20040428
Creation Time	9	4	41	44	Format=HHMM	Required	HHMM	880-K3	1933
File Type	X	1	45	45	P=Production T=Test	Required	P or T	702	T
Version/Release Number	X	2	46	47	Header version=10	Required	10	102-A2	10
Filler	X	953	48	1000					Space Fill

Text fields are left justified, space filled. Numeric fields are right justified, zero filled. Fields with no data to report are to be space filled.

Last Updated 5/17/2004